

ISP SUMMARY: VOLUNTEER INTERPRETER HANDBOOK

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ABSTRACT

The University Hospital has an Interpreting Service Department that helps to coordinate and facilitate interpreting appointments in a variety of languages. These appointments take place in clinics throughout the hospital as well as Research Park. While Interpreting Services maintains the use of a hired staff that have both had experience and been trained, they depend on volunteer interpreters to help provide help when needed. Many of these volunteer interpreters have had experience living in countries outside of the United States, but have not had direct exposure to interpreting within the healthcare system. Employees of Interpreting Services offer a “Bridging the Gap” training for volunteer interpreters twice a year to help provide basic interpretation instruction. Service-Learning Scholars met with representatives of the Interpreting Services Department to help construct a handbook that might be used in conjunction with their training program. This handbook will serve as a resource with which new volunteer interpreters can orient themselves within the hospital, as well as with the skills necessary to play the role of interpreter. The Interpreters Office will be supplied with several hard copies of the handbook, as well as an electronic version to allow future edits and additions.

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INTRODUCTION & BACKGROUND

My name is Brent Schmidt and I am a graduating senior at the University of Utah. During my time here at the University, I became involved in volunteer work as an interpreter at University Hospital. My purpose in doing this was two-fold. I wanted to continue to practice the skills I had gained speaking Spanish. The other purpose was to further my experience in the healthcare setting, where I hope to work in the future as a hospital administrator.

I spent over a year as a volunteer interpreter at University Hospital. My time spent there helped me gain valuable experience in understanding some of the challenges that interpreters must face, specifically within the healthcare setting. Among these challenges is the training and orientation that helps interpreters to obtain and develop the knowledge and skills necessary to be effective in their role. The Interpreters Services Office provides training using the “Bridging the Gap” manual to orient volunteer interpreters. I participated in this orientation during my sixth month as a volunteer.

The goal of creating a handbook for volunteer interpreters is to provide immediate training for volunteer interpreters, as well as provide a resource through which they can help better understand their role as interpreter. It will serve as a training guide for current and future volunteer interpreters.

REVIEW OF LITERATURE

The rising population of Latinos within the United States presents a strong need to provide access to quality healthcare now, more than ever, for this underrepresented demographic. Studies show this large population will continue to grow at a high rate for at least the next decade. The specific challenges that Latinos will face in relation to healthcare are difficult, and will require citizens of those specific communities to reach out and play a significant role in helping to ensure the health and safety of our friends and neighbors. The effects of language barriers are complex and include “access to care, health status and use of health services” (Flores, p. 6). Many experts have discussed and debated these challenges. Although there are many more issues outside of Latinos’ receiving basic healthcare, there are three major barriers that scholars have addressed in their articles:

1. Lack of validated research instruments to perform studies and evaluations.
2. Discriminating and unjustified exclusion from research studies.
3. Difficulties in providing proper healthcare due to a language barrier.

Although these might seem like separate and unrelated ideas, research shows that they are in fact interrelated and very much connected to the inability to effectively communicate.

Research instruments have proven themselves as effective tools in providing information to healthcare providers. Not only are the instruments valuable for immediate analysis, but they also provide data that can be useful for future generations. These instruments have had significant problems being validated within the Latin community. In other words, the Spanish translations may seem awkward, on occasion may be inapplicable to the idioms within certain

Spanish-speaking countries, or may be set at too high a Spanish reading level for the specific population being tested. There might also exist a bias within the instruments being used to perform research, as many male white researchers are presenting the surveys, and might not have the cultural understanding to communicate effectively (Flores, p.86). Another scenario that is often presented is Latinos' general mistrust of white people, which could prevent researchers from collecting valid information.

The exclusion of Latinos in research studies, specifically Latino children, can be linked to several different errors in the design of the studies being performed. Many studies are primarily geared towards English speakers only--thus omitting those who do not speak English as their native language. When studies are designed to include more than the white English speaking population, researchers often make the mistake of limiting racial diversity to black and white. Many try to compensate by including a "white or other" category within their surveys, lumping their sum data together and not recognizing Latinos as a separate entity altogether.

Outside of independent studies and research instruments, there exists the actual contact and interaction between the health care providers (doctors, nurses, etc.) and the Latino patient receiving medical attention. In this lies the important and vital instrument provided by interpreters: helping to insure accurate communication. Recent studies published by the Official Journal of the American Academy of Pediatrics (Flores, 2003) have shown that interpreter errors are a common occurrence in hospitals. These errors can range from simple grammatical mistakes to costly and potentially hazardous errors of medical advice and directions given by doctors. The studies done clearly indicate that trained medical interpreters are much less likely to commit errors, while those that are untrained, such as family members, friends or other hospital employees, show a higher rate of errors.

As the Latino population continues to increase, the demand for adequate and dependable healthcare service will need to adjust in order to properly compensate the rising demand. Our community must look to medical professionals to provide the proper research instruments and studies in order to better understand how we can best serve the healthcare needs of this underrepresented demographic. By effectively learning to communicate with Spanish speakers from a variety of cultures, we will provide the essential healthcare that everyone wants and deserves.

PROCEDURE

In order to complete this project it was necessary to determine the hospital in which we would be working. Each hospital has a different way of coordinating and training their volunteer interpreters. Because of my prior experience, we decided that University Hospital would be the logical choice. Their location, as well as their connection with volunteers at the Bennion Center, helps them to attract student volunteers who are interested in serving as interpreters.

We began by contacting the supervisor of Interpreting Services. A meeting was set up in which the proposed idea was discussed and training materials were exchanged. Among the material exchanged was the Bridging the Gap handbook designed by The Cross Cultural Health Care Program. Currently, this is the manual used by the hospital to train interpreters. As directed by the Interpreters Office, one of our main goals was to condense the manual down to its main points. Our handbook will serve as a reference guide to the Bridging the Gap manual.

In addition to breaking down the manual, we also decided to include pertinent information for volunteers. This included emergency hospital codes, important page numbers and maps of the clinics in and around the hospital. After finalizing a first draft of our handbook,

we met with our Supervisory Committee that included the Interpreter Supervisor, a Bennion Center representative and a professor in Languages and Literature Department. The project was discussed in detail and revisions and corrections were made to first draft of the handbook.

A final version of the handbook was submitted to the Supervisory Committee for approval, and a hard copy as well as an electronic version were given to the Interpreters Office for future use.

RESULTS

This project had positive results, as several organizations were able to work together in helping to create a handbook that will serve the purpose of providing better training for future volunteer interpreters. The long-term results of this ISP will not be able to be determined until volunteers are available to give feedback on the utility of the handbook. As discussed in the Supervisory Committee Meetings, there will be an electronic version of the handbook so that if there are possible additions, the Interpreters Office will be able to make those changes as deemed necessary.

Another result was the project was the discussion of a Medical Interpreting class that could be offered within the Language and Literature Department at the University of Utah. This discussion came about as the result of our Supervisory Committee meeting, and had a great deal of interest from both our faculty advisor as well as our community partner. This type of class has been offered at other universities throughout the nation. It would provide interested students with the opportunity to learn the skills necessary to provide necessary interpretation in a hospital setting.

REFLECTION

This project has helped me to gain a better understanding of how I can use the skills and knowledge gained through my education to better the community of which I am a part. It has also helped me to understand some of the challenges that hospitals face with a rising demographic of non-English speakers. I plan to use what I have learned as I work towards my Master's in Healthcare Administration.

While the handbook created will serve the purpose of providing basic instruction to new volunteer interpreters, it will require future updates. The Interpreting Office at University Hospital is currently looking at finding a more up to date training manual. With this change occurring, the handbook will serve as the reference guide, but must also be updated so as to provide proper instruction to volunteers. It is our hope that the handbook can be expanded to include case studies that volunteers can work on to help complete their training. By providing better orientation to volunteers, the community will benefit as health care costs are reduced and better, more efficient care is given to patients.

Incorporating service with education provides a level of learning that cannot be achieved within the walls of a classroom. Hands on experience working with community partners in helping to diagnose problems and find solutions is a skill that can be used throughout a lifetime. This experience helped me understand the challenges that immigrants face within our healthcare system. As we look to make changes to better the system, it is important that we keep this demographics in mind.

It is my hope that Interpreter Training will soon become a part of the curriculum at the University of Utah. This type of class would provide valuable training for students who are

interested not only in serving in a hospital, but also those who are thinking about a career in the healthcare field.

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